



# 2017 UNDERGRADUATE APPLICATION (USA)

Instructions: Please print or type ALL information on this form. You may refrain from answering any questions which you feel would betray your confidentiality, but the more we know about you the better we can serve you.

<b>Office Use Only</b>	
Student No.	_____
Office Code:	_____
Fee Pd.	_____

Status:  New Applicant  Reactivating student

Have you previously enrolled as a BSB student?  Yes  No

Have you ever studied through another Global University National Office?  Yes  No

(If yes to the above) Former Student No: \_\_\_\_\_ Former Enrollment Office: \_\_\_\_\_

Social Security No. (USA Citizen): \_\_\_\_\_

Home Address (Include Street/City/State/Zip/Country): \_\_\_\_\_

Last/Family Name: \_\_\_\_\_

\_\_\_\_\_

First/Given Name: \_\_\_\_\_

\_\_\_\_\_

Middle Name: \_\_\_\_\_

\_\_\_\_\_

Maiden Name: \_\_\_\_\_

Country: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Phone: \_\_\_\_\_

\_\_\_\_\_

Title:  Mr.  Ms.  Mrs.  Rev.  Dr.

Date of Birth:

(Example: JAN/05/1987)

Marital Status:  Single  Married  Widowed  Divorced

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year

Gender:  Male  Female

Country of Citizenship: \_\_\_\_\_

Primary Religious Affiliation:

Primary language spoken: \_\_\_\_\_

Assemblies of God  Other Pentecostal

I will study my courses in:  English  French  Spanish

Protestant  Roman Catholic

I will be using USA VA military benefits. Yes No

Other (specify): \_\_\_\_\_

## ACADEMIC INFORMATION

Highest Education completed (i.e. Secondary/High School or Post-Secondary) \_\_\_\_\_

List any post-secondary institutions you have attended (i.e. trade school, Bible College, or university):

Institution	Dates Attended	Major	Certificate/Diploma/Degree	Sending Official* Transcript
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Official indicates a transcript that is sent by the school or institution directly to Global University.

Required Documentation: A copy of your high school transcript or equivalent proof of graduation must be submitted.

## MINISTRY AFFILIATION

I have ministerial credentials with:  the Assemblies of God (may qualify for 20% tuition discount).

another organization (please specify): \_\_\_\_\_

Country: \_\_\_\_\_ District: \_\_\_\_\_

Level of credential: \_\_\_\_\_ Date obtained: \_\_\_\_\_

## PROGRAMS OF STUDY

**Mark the program of study for which you are applying. (Choose only one)**

- Not enrolling in a Program (*completing Global University courses to transfer to another school*)
- Undeclared/Enrichment (*not pursuing a certificate, diploma, or degree; enrolling in courses for enrichment purposes*)
- Undeclared/Undecided (*will choose a program of study before completing 18 credits*)
- Undeclared – Concurrent/Dual Enrolled High School Student (*complete U-18 student application form*)

Certificates	Credits	Bachelor of Arts Degrees	Credits
<input type="checkbox"/> The Bible Interpreter	17	<input type="checkbox"/> B.A. in Bible and Theology <input type="checkbox"/> with minor* <input type="checkbox"/> without minor	128
<input type="checkbox"/> The Christian Communicator	17	<input type="checkbox"/> B.A. in Intercultural Studies <input type="checkbox"/> with minor* <input type="checkbox"/> without minor	128
<input type="checkbox"/> The Christian Mission	17	<input type="checkbox"/> B.A. in Christian Education <input type="checkbox"/> with minor* <input type="checkbox"/> without minor	128
<input type="checkbox"/> The General Studies	17	* 15-credit Pastoral Counseling minor	
<input type="checkbox"/> The Certificate in Bible & Theology	32	<i>(counts as part of degree program elective credits)</i>	
Associate of Arts Degrees	Credits	*Second Bachelor of Arts Degrees	Credits
<input type="checkbox"/> A.A. in Bible and Theology	66	Second B.A. in Bible and Theology	50
<input type="checkbox"/> A.A. in Church Ministries	66	<input type="checkbox"/> Second B.A. in Christian Education	50
<input type="checkbox"/> A.A. in Christian Education	66	<input type="checkbox"/> Second B.A. in Intercultural Studies	50
Diplomas	Credits	*You must request an official transcript from the university that awarded your first bachelor's degree	
<input type="checkbox"/> Diploma in Ministry	64		
<input type="checkbox"/> Diploma in Bible and Theology	96		
<input type="checkbox"/> Specialized degree for non-USA students _____ <span style="display: block; text-align: right; font-size: small;">(Program name)</span>			

How did you hear about Global University? \_\_\_\_\_

- I agree to the regulations governing the study program set forth by the Global University catalog in effect during the year in which I am applying and I understand that my completion of this study program does not guarantee my acceptance for any position by any church or organization.
- I agree that it is my responsibility to verify the applicability of Global University's credits toward any educational goal that I may have.
- I understand e-mail is considered a primary method for communication and is intended to meet the academic and administrative needs of the University. I agree to monitor my Global University student e-mail account on a regular basis.
- I understand I am responsible for all shipping/duty fees for materials shipped if I reside outside the USA.
- I understand the application/reactivation fee (refer to fee schedule) is non-refundable five business days after this form is received by Global University.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Applicant's Signature: \_\_\_\_\_  
           Month    Day    Year

Print Full Name: \_\_\_\_\_

Parental/Guardian Signature (for applicants under 18 years): \_\_\_\_\_

**Payment Method** (if paying by credit card please fax or mail form; do not e-mail credit card information):

- Check enclosed                       Please bill my credit card:     Visa     Master Card     Discover
- Check # \_\_\_\_\_                      Credit Card # \_\_\_\_\_                      Expiration Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	UG USA Application-EN 20170424
Date: ____/____/____ Month    Day    Year	I recommend this student for the program he or she has indicated.
Global University Registrar's Signature: _____	



## PERMISSION TO RELEASE RECORDS

Please clearly print all information – This form is required for all applicants under the age of 18, study group students, Assemblies of God ministerial credential applicants, or those who desire to be represented by other persons. Send signed form to GU Student Services by mail, fax, or scanned e-mail attachment (studentinfo@globaluniversity.edu)

Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Example: JAN/05/1987)

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student Name:

\_\_\_\_\_  
First Middle Last

Student Mailing Address:

\_\_\_\_\_  
P.O. Box or Street Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Country

I authorize Global University to release all academic and financial records to and give authorization for my courses to be ordered by the following (select all that apply):

*Specified individual (spouse, parent, chaplain, etc.)*

Name of individual(s): \_\_\_\_\_

*Global University approved Study Group*

\_\_\_\_\_  
Name of Study Group, Church, or Organization Study Group Account #

\_\_\_\_\_  
City, State, and Zip Code

*Assemblies of God District Council*

Name of District: \_\_\_\_\_

This authorization is in effect until such a time that I contact Global University in Springfield, Missouri and withdraw my authorization in writing. I have read and understand Global University's cancellation and refund policy as it pertains to the specific level of courses (BSB, undergraduate, or graduate) that are being ordered.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_